

Case Number:	CM15-0183316		
Date Assigned:	09/24/2015	Date of Injury:	07/29/2014
Decision Date:	10/29/2015	UR Denial Date:	09/09/2015
Priority:	Standard	Application Received:	09/17/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:

State(s) of Licensure: North Carolina

Certification(s)/Specialty: Family Practice

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 42 year old female who sustained an industrial injury on 7-29-14 the result of repetitive activities. She was working as of 4-30-15. Medical records indicate that the injured worker was treated for lumbar spine strain; lumbosacral radiculitis-radiculopathy; myofascial pain; cervical pain; thoracic pain and muscle spasms; right elbow pain; sleep disturbance; fatigue. She currently (8-4-15) complains of occasional bilateral upper extremity pain, bilateral wrist pain with a pain level of 4 out of 10; constant low back pain, sitting for prolonged periods increases pain and rest, acupuncture and heat decrease pain; constant neck pain with a pain level of 6 out of 10 with occasional tingling and numbness; bilateral shoulder pain with a pain level of 5 out of 10 (the remainder of the note was difficult to decipher). The physical exam (4-30-15) of the lumbar spine revealed multiple tenderness on palpation, decreased range of motion, positive facet loading pain right L2, L3, L4 and L5 lumbar facets. Diagnostics included x-rays of the cervical spine (4-17-15) showing discogenic spondylosis C5-6, possible calcification; x-ray of the thoracic spine (4-17-15) unremarkable; x-ray of the lumbar spine (4-17-15) showing left lateral list; electromyography-nerve conduction study of bilateral lower extremities (5-12-15) was normal with no evidence of peroneal nerve entrapment lumbar radiculopathy. Treatments to date include acupuncture with benefit; heat with benefit; physical modalities; medication; L5-S1 epidural steroid injection (12-2014) with very good results; home exercise program (4-16-15 note). The request for authorization was not present. On 9-9-15 Utilization Review non-certified the request for a neurostimulator and modified the request to a

30 day trial to be used as an adjunct to home exercise program and to allow for documentation of benefit.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Neurostimulator: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Medical Treatment 2009, Section(s): Transcutaneous electrotherapy.

Decision rationale: The California MTUS section on neurostimulation states: Neuromuscular electrical stimulation (NMES devices) not recommended. NMES is used primarily as part of a rehabilitation program following stroke and there is no evidence to support its use in chronic pain. There are no intervention trials suggesting benefit from NMES for chronic pain. (Moore, 1997) (Gaines, 2004) The scientific evidence related to electromyography (EMG) - triggered electrical stimulation therapy continues to evolve, and this therapy appears to be useful in a supervised physical therapy setting to rehabilitate atrophied upper extremity muscles following stroke and as part of a comprehensive PT program. Neuromuscular Electrical Stimulation Devices (NMES), NMES, through multiple channels, attempts to stimulate motor nerves and alternately causes contraction and relaxation of muscles, unlike a TENS device which is intended to alter the perception of pain. NMES devices are used to prevent or retard disuse atrophy, relax muscle spasm, increase blood circulation, maintain or increase range-of-motion, and re-educate muscles. Functional neuromuscular stimulation (also called electrical neuromuscular stimulation and EMG-triggered neuromuscular stimulation) attempts to replace stimuli from destroyed nerve pathways with computer-controlled sequential electrical stimulation of muscles to enable spinal cord-injured or stroke patients to function independently, or at least maintain healthy muscle tone and strength. Also used to stimulate quadriceps muscles following major knee surgeries to maintain and enhance strength during rehabilitation. (BlueCross BlueShield, 2005) (Aetna, 2005) The patient is not in a recovery or rehabilitation program post stroke. Therefore the request is not medically necessary.